



QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

	ıdent's Name:			School Year:	Σ	Date of Birth:								
School:				Grade: Tel. (H):	Classroom									
					(W):	(C):(C):								
				Tel:	Location:_	Location:								
Ch	ild's Primary Care I	Or.:		Tel:										
Sig	gnificant medical his	story or cond	itions:											
	IZURE INFORMA	<u>_</u>		" 0										
1.	When was your ch	iild diagnose	d with seizures	or epilepsy?										
2.	Seizure type(s):				D									
	Seizure Type Length Frequency		Frequency		Description									
3.	What might trigger a seizure in your child?													
4.	Are there any warnings and/or behavior changes before the seizure occurs? YES NO													
	If YES, please explain:													
	When was your child's last seizure?													
5.	When was your ch	ııld's last sei			. Has there been any recent change in your child's seizure patterns? YES NO									
	Has there been any	y recent chan	ge in your child	=										
	Has there been any If YES, please	y recent chan e explain:	ge in your child	-										
6.	Has there been any If YES, please How does your ch	y recent chan e explain: ild react afte	ge in your child	er?										
6. 7.	Has there been any If YES, please How does your ch	y recent chan e explain: ild react afte	ge in your child	-										
6. 7. 8.	Has there been any If YES, please How does your ch How do other illne	y recent chan e explain: ild react afte esses affect y	ge in your child r a seizure is ov our child's seiz	er?ure control?	Ва	sic Seizure First Aid:								
5. 7. 8.	Has there been any If YES, please How does your ch How do other illne	y recent chan e explain: ild react afte esses affect y Care and Co	ge in your child r a seizure is ov our child's seiz	er?ure control?es	Ba									
6. 7. 8.	Has there been any If YES, please How does your ch How do other illne SIC FIRST AID: What basic first ai	y recent chan e explain: ild react afte esses affect y Care and Co d procedures	ge in your child r a seizure is ov our child's seiz omfort Measur should be take	er? ure control? es n when your child has a	Ba /	sic Seizure First Aid: Stay calm & track time Keep child safe Do not restrain								
6. 7. 8.	Has there been any If YES, please How does your ch How do other illne SIC FIRST AID: What basic first ai	y recent chan e explain: ild react afte esses affect y Care and Co d procedures	ge in your child r a seizure is ov our child's seiz omfort Measur should be take	er?ure control?es	Ba /	sic Seizure First Aid: Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious								
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	Has there been any If YES, please How does your ch How do other illne SIC FIRST AID: What basic first ai	y recent chan e explain: ild react after esses affect y Care and Co d procedures	ge in your child r a seizure is ov our child's seiz omfort Measur should be take	er? ure control? es n when your child has a	a seizure in	sic Seizure First Aid: Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log r tonic-clonic (grand mal) seizure:								

SE	ZURE EMERGEN	CIES					-			
	Please describe what consultation with treating	t constitutes	A Seizure is generally considered an Emergency when: ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes							
12.	Has child ever been hospitalized for continuous seizures? YES NO If YES, please explain:							 ✓ Student has repeated seizures without regaining consciousness ✓ Student has a first time seizure 		
SE	ZURE MEDICATION	ON AND T	REATM	ENT INFOR	MATION			Student is injured or diabetic Student has breathing difficulties		
	What medication(s		Student has a seizure in water							
_	Medication	, ,	Date Started Dosage		Frequency and time of day		y taken	taken Possible side effects		
14.	What emergency/r	escue med	ications 1	needed medi	cations are	prescribed for	your ch	nild?		
	Medication Dosage Administration Instructions (timing* & method**)						What to	What to do after administration:		
	* After 2 nd or 3 rd seizure	, for cluster of	seizure, etc.	** Ora	ılly, under tongı	ue, rectally, etc.				
15.	What medication(s	s) will your	child ne	ed to take du	uring schoo	l hours?				
16.	Should any of thes	e medicati	ons be ac	lministered i	in a special	way? YES N	NO			
	If YES, please	explain:								
17.	Should any particular If YES, please				ES NO					
18.	What should be do				se?					
19.	Should the school	have backı	ıp medic	ation availab	ole to give y	our child for 1	missed o	dose? YES NO		
20.	Do you wish to be	called befo	ore backı	p medicatio	n is given f	or a missed do	ose?			
21.	Does your child ha	ive a Vagu	s Nerve S	Stimulator?	YES NO					
	If YES, please	describe in	nstructio	ns for approp	priate magn	et use:				
SP	ECIAL CONSIDER	ATIONS &	PRECA	UTIONS						
	Check all that appl				ns or preca	utions that sho	uld be t	aken		
	General health									
	Physical functioning Physical educat						on (gym	ı)/sports:		
u	Learning:				🔲 Re	ecess:				
	Mood/coping:				□ Fi	eld trips:				
□ Otŀ	ner:				⊔ Bı	is transportatio	on:			
	NERAL COMMU What is the best wa				ou about y	our child's sei	zure(s)?	<u> </u>		
24.	Can this information	on be share	d with cl	assroom tead	cher(s) and	other appropri	iate sch	ool personnel? YES NO		
Par	ent/Guardian Signa	ture:			Date:	D	ates Up	dated:,		

School Nurse Signature: ______ Date: _____